



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E266327**

1 2 3 27

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # **13-02134**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **08** - **28** - **2013** **1430** **31** N ☐ E ☐ IN ☒ OF **0664**
S ☐ W ☐

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
SR **9 NE** BLOCK NO. ☒ **100** MILE POST ☐

DISTANCE OF (REFERENCE OR CROSS STREET)
MILES ☐ N ☐ E ☐
FEET ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **BIERER** FIRST NAME **ERICH** MIDDLE INITIAL

STREET NEW ADDRESS ☒ **11300 GRANDVIEW RD**

CITY **ARLINGTON** ST **WA** ZIP **98223**

CDL RESTRICTIONS ENDORSEMENTS **O**

DRIVER'S LICENSE # **BIEREE*540LJ** STATE **WA** SEX **M** D.O.B. **06** - **11** - **1946**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **610XJU** STATE **WA** VIN# **2CNBJ1866S6913582**

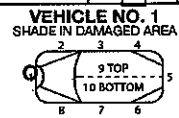
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1995** MAKE **GEO** MODEL **GEOTR** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **ERICH BIERER 11300 GRANDVIEW RD ARLINGTON WA 98223**

LIABILITY INSURANCE INTEREST ☒ INSURANCE CO & POLICY # **NATIONAL GENERAL INSURANCE 2001695040**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **LAWRENCE** FIRST NAME **TARA** MIDDLE INITIAL **L**

STREET NEW ADDRESS ☒ **233 N. MADISON ST**

CITY **SNOHOMISH** ST **WA** ZIP **982900000**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **LAWRETL310C1** STATE **WA** SEX **F** D.O.B. **02** - **21** - **1969**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AFB1169** STATE **WA** VIN# **1FAHP3F25CL237777**

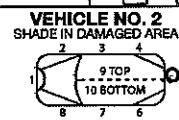
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2012** MAKE **FORD** MODEL **FOCUS** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **TARA LAWRENCE 233 N. MADISON ST MONROE WA 98272**

LIABILITY INSURANCE INTEREST ☒ INSURANCE CO & POLICY # **PEMCO CA 1360325**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) **DENNIS IRWIN** BADGE OR ID # **105** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E266327**

CASE # **13-02134**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)																		
NAME (LAST, FIRST, MIDDLE INITIAL)		BIERER JAKOB T																
ADDRESS & PHONE #		11300 GRANDVIEW RD ARLINGTON WA 982238660				SEX	M	D.O.B. MMDDYYYY	08	-	06	-	1997					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	<input type="checkbox"/>	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		BIERER WYATT X																
ADDRESS & PHONE #		11300 GRANDVIEW RD ARLINGTON WA 98223				SEX	M	D.O.B. MMDDYYYY	04	-	11	-	2000					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	<input type="checkbox"/>	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		JOHNSON BRITTANY N																
ADDRESS & PHONE #		233 N MADISON ST MONROE WA 982721807				SEX	F	D.O.B. MMDDYYYY	04	-	24	-	1991					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	<input type="checkbox"/>	INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

UNIT #2 WAS NORTHBOUND ON SR 9 AND STOPPED IN STOP AND GO TRAFFIC AT THE 100 BLOCK OF SR 9 NE. UNIT #1 WAS TRAVELING BEHIND UNIT #2 AND FAILED TO STOP IN TIME TO AVOID A COLLISION WITH UNIT #2. UNIT #2 CLAIMED HIS FOOT SLIPPED ON THE PEDAL.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

08-28-13 05:00 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

8/29/2013 9:31:27 AM

BOB SUMMERS 079

BADGE OR ID # **105**

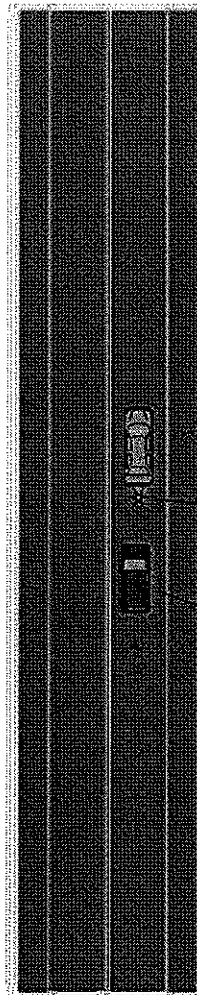
ORI # **WA0311900**

TIME POLICE DISPATCHED **2:31 PM**

TIME POLICE ARRIVED **2:35 PM**

55 MPH

not to scale



Unit #2

Point of impact

Unit #1

100 block State Route 9

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02134

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) BICKER ERICH -	RACE W	ETH C	SEX M	DOB 6-4-66	AGE 67	HGT 6	WGT 210	HAIR BRN	EYES BRN
STREET ADDRESS 11300 GRANDVIEW RD		CITY ARLINGTON			STATE WA	ZIP 98223	RES. STATUS			
HOME PHONE 425512 2321		CELL PHONE #SAME			PLACE OF EMPLOYMENT RETIRED					
WORK PHONE		EMAIL ADDRESS								

I, ERICH BICKER, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

while in stop & go traffic I had my foot slip off the BRAKE & bump the car in front of me. We were on Hi'g by LAKE STEVENS

LSPD
ORIGIN

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Erich Bicker</u>	DATE SIGNED 8-28-13	LOCATION SIGNED
OFFICER NUMBER: <u>105</u>	DATE SIGNED 8/28/13	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS13019230

Case Numbers: \$SS13002134

Received 08/28/13 14:30:29 BY SPCT01 SP0323
Entered 08/28/13 14:31:44 BY SPCT01 SP0323
Dispatched 08/28/13 14:31:59 BY SPDP17 SP0293
Enroute 08/28/13 14:31:59
Onscene 08/28/13 14:35:44
Closed 08/28/13 15:24:03

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT
Src: 9

Loc: MARKET PL/SR 9 NE, LKS (V)

Latitude: (+) 47.996542 Longitude: (-) 122.105055

Loc Info:

Name: JOHNSON, BRITTNEY

Addr:

Phone: 2068508792

/1431 (SP0323) ENTRY , CC, ON SR 2, NON INJ, NON BLOCKING, OTHER PARTY
DOESNT HAVE INS SIL FORD FOCUS VS PURP TRACKER
/1431 (SP0293) VIEWED
/1431 DISPER SS1936 #SS105 IRWIN, OFFICER (DENNIS)
/1432 MISC , CHECKING W/ ACD ON LOC
/1433 (SP0323) SUPP TXT: CORR SR 9, RP REPEATEDLY STATED 2 BUT WAS C
ORRECTED TO 9 WITH COF FACTOR
/1433 (SP0293) MISC , SUPS
/1435 (SS105) *ONSCNE SS1936
/1437 (*****) REMINQ SS1936 610XJU
/1437 (SP0293) REMINQ SS1936 LIC, 1936, 610XJU, ,
/1437 (*****) REMINQ SS1936 AFB1169
/1437 (SP0293) REMINQ SS1936 LIC, 1936, AFB1169, ,
/1439 ASNCAS SS1936 \$SS13002134
/1524 CLEAR SS1936 D/H
/1524 CLOSE SS1936

LSPD
ORIGINAL